

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10511875

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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21							71						
22							72						
23							73						
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25							75						
26							76						
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29							79						
30							80						
31							81						
32							82						
33							83						
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36							86						
37							87						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS							TOTAL CLAIMS						

pg. 2

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

AFFILIANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				
102						
103						
104						
105						
106		<input checked="" type="checkbox"/>				
107		<input checked="" type="checkbox"/>				
108		<input checked="" type="checkbox"/>				
109		<input checked="" type="checkbox"/>				
110						
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112		<input checked="" type="checkbox"/>				
113						
114						
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117						
118		<input checked="" type="checkbox"/>				
119		<input checked="" type="checkbox"/>				
120		<input checked="" type="checkbox"/>				
121		<input checked="" type="checkbox"/>				
122		<input checked="" type="checkbox"/>				
123		<input checked="" type="checkbox"/>				
124		<input checked="" type="checkbox"/>				
125		<input checked="" type="checkbox"/>				
126		<input checked="" type="checkbox"/>				
127		<input checked="" type="checkbox"/>				
128		<input checked="" type="checkbox"/>				
129		<input checked="" type="checkbox"/>				
130		<input checked="" type="checkbox"/>				
131		<input checked="" type="checkbox"/>				
132		<input checked="" type="checkbox"/>				
133		<input checked="" type="checkbox"/>				
134		<input checked="" type="checkbox"/>				
135		<input checked="" type="checkbox"/>				
136		<input checked="" type="checkbox"/>				
137		<input checked="" type="checkbox"/>				
138		<input checked="" type="checkbox"/>				
139		<input checked="" type="checkbox"/>				
140		<input checked="" type="checkbox"/>				
141		<input checked="" type="checkbox"/>				
142		<input checked="" type="checkbox"/>				
143		<input checked="" type="checkbox"/>				
144		<input checked="" type="checkbox"/>				
145		<input checked="" type="checkbox"/>				
146		<input checked="" type="checkbox"/>				
147		<input checked="" type="checkbox"/>				
148		<input checked="" type="checkbox"/>				
149		<input checked="" type="checkbox"/>				
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		<input checked="" type="checkbox"/>				
152		<input checked="" type="checkbox"/>				
153		<input checked="" type="checkbox"/>				
154		<input checked="" type="checkbox"/>				
155		<input checked="" type="checkbox"/>				
156		<input checked="" type="checkbox"/>				
157		<input checked="" type="checkbox"/>				
158		<input checked="" type="checkbox"/>				
159		<input checked="" type="checkbox"/>				
160		<input checked="" type="checkbox"/>				
161		<input checked="" type="checkbox"/>				
162		<input checked="" type="checkbox"/>				
163		<input checked="" type="checkbox"/>				
164		<input checked="" type="checkbox"/>				
165		<input checked="" type="checkbox"/>				
166		<input checked="" type="checkbox"/>				
167		<input checked="" type="checkbox"/>				
168		<input checked="" type="checkbox"/>				
169		<input checked="" type="checkbox"/>				
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171		<input checked="" type="checkbox"/>				
172		<input checked="" type="checkbox"/>				
173		<input checked="" type="checkbox"/>				
174		<input checked="" type="checkbox"/>				
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179		<input checked="" type="checkbox"/>				
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181		<input checked="" type="checkbox"/>				
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183		<input checked="" type="checkbox"/>				
184		<input checked="" type="checkbox"/>				
185		<input checked="" type="checkbox"/>				
186		<input checked="" type="checkbox"/>				
187		<input checked="" type="checkbox"/>				
188		<input checked="" type="checkbox"/>				
189		<input checked="" type="checkbox"/>				
190		<input checked="" type="checkbox"/>				
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192		<input checked="" type="checkbox"/>				
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194		<input checked="" type="checkbox"/>				
195		<input checked="" type="checkbox"/>				
196		<input checked="" type="checkbox"/>				
197		<input checked="" type="checkbox"/>				
198		<input checked="" type="checkbox"/>				
199		<input checked="" type="checkbox"/>				
200		<input checked="" type="checkbox"/>				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201						
202						
203						
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148						
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150						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	220	←		←		←
TOTAL CLAIMS	228					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						